

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	39042-0036
	First Named Inventor	Manzer Durrani
	COMPLETE IF KNOWN	
	Application Number	To be assigned
	Filing Date	Herewith
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THE ALPHA 1-ANTITRYPSIN COMPOSITIONS AND TREATMENT METHODS USING SUCH COMPOSITIONS

(Title of the Invention)

the specification of which
☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **11/11/2004** as United States Application Number or PCT International

Application Number **PCT/US2004/038650** and was amended on (MM/DD/YYYY) ☐ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

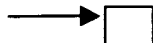
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/520,549	11/14/2003	

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail-Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

C:\NrPortbl\SiliconValley\RMENA\2207487_1.DOC (8470)

Please Type a plus sign (+) inside this box



PTO/SB/01 (12-97)

Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US2004/038650	11/11/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **25213** 

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar
Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **25213** OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Manzer	DURRANI

Inventor's Signature:						Date	
Residence: City	Plantation	State	FL	Country	United States	Citizenship	United States
Residence: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: Address	8290 Cleary Boulevard, Villa #2906						
Post Office: City	Plantation	State	FL	ZIP	33324	Country	United States

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Please Type a plus sign (+) inside this box



PTO/SB/02A (3-97)

Approved for use through 9/30/98, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Harish				KUMAR			
Inventor's Signature						Date	
Residence: City	Fullerton	State	CA	Country	United States	Citizenship	United States
Residence: Address	2056 McGarvey Street						
Post Office: Address	2056 McGarvey Street						
Post Office: City	Fullerton	State	CA	ZIP	92833	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Timothy				KRIEGER			
Inventor's Signature						Date	
Residence: City	Lowell	State	MA	Country	United States	Citizenship	United States
Residence: Address	75 Bedford Avenue						
Post Office: Address	75 Bedford Avenue						
Post Office: City	Lowell	State	MA	ZIP	01854	Country	United States
Given Name (first and middle (if any))				Family Name or Surname			
Ken				KABINGUE			
Inventor's Signature						Date	
Residence: City	Los Angeles	State	CA	Country	United States	Citizenship	United States
Residence: Address	5146 Windermere Avenue						
Post Office: Address	5146 Windermere Avenue						
Post Office: City	Los Angeles	State	CA	ZIP	90041	Country	United States
<input checked="" type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:							

Please Type a plus sign (+) inside this box



PTO/SB/02A (3-97)

Approved for use through 9/30/98, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>			
Given Name (first and middle (if any))					Family Name or Surname			
Virginia					MOSHER			
Inventor's Signature						Date		
Residence: City	Lebanon	State	MO	Country	United States	Citizenship	United States	
Residence: Address	27011 Harrill Lane							
Post Office: Address	27011 Harrill Lane							
Post Office: City	Lebanon	State	MO	ZIP	65536	Country	United States	
Given Name (first and middle (if any))					Family Name or Surname			
Philip J.					BARR			
Inventor's Signature						Date		
Residence: City	Oakland	State	CA	Country	United States	Citizenship	United States	
Residence: Address	5602 Denton Place							
Post Office: Address	5602 Denton Place							
Post Office: City	Oakland	State	CA	ZIP	94619	Country	United States	
Given Name (first and middle (if any))					Family Name or Surname			
Ian C.					BATHURST			
Inventor's Signature						Date		
Residence: City	Alameda	State	CA	Country	United States	Citizenship	United States	
Residence: Address	1626 Hibbard Street							
Post Office: Address	1626 Hibbard Street							
Post Office: City	Alameda	State	CA	ZIP	94501	Country	United States	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.